'n

1.4

1

City

Groton

	ŕ		i	1	-
0	4	_	1	b	 0

PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION **TRANSMITTAL** 

Please type a plus sign (+) inside this box →

PC10148AGPR Attorney Docket No. First Named Inventor or Application Identifier Anthony A Fossa Combinations of Corticotropin Releasing Factor Antagonists and Growth Hormone Secretagogues

EL710829771US Express Mail Label No. (Only for new nonprovisional applications under 37C.F.R. §1.53(b)) Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 Microfiche Computer Program (Appendix) \*Fee Transmittal Form (e.g., PTO/SB/17) 6. 1. (Submit an original, and a duplicate for fee processing) Nucleotide and/or Amino Acid Sequence Submission 7. **[Total Pages**] 2. Specification 124 (if applicable, all necessary) (preferred arrangement set forth below) Descriptive title of the Invention Computer Readable Copy Cross References to Related Applications Paper Copy (identical to computer copy) h. Statement Regarding Fed sponsored R&D Reference in Microfiche Appendix Statement verifying identity of above copies c. ACCOMPANYING APPLICATION PARTS Background of the Invention Brief Summary of the Invention Assignment Papers (cover sheet & document(s)) 8. Brief Description of the Drawings (if filed) **Detailed Description** Power of Attorney 9. 37 C.F.R §3.73(b) Statement Claim(s) (when there is an assignee) Abstract of the Disclosure English Translation Document (if applicable) 10 Copies of IDS Information Disclosure 11. Drawing(s) (35 U.S.C. 11.3)[Total sheets Citations Statement (IDS)/PTO-1449 Oath or Declaration [Total pages 12. Preliminary Amendment Return Receipt Postcard (MPEP 503) 13. Newly executed (original or copy) (Should be specifically itemized) Copy from a prior application (37 CFR \*Small Entity Statement filed in prior application, §1.63(d)) 14. (for continuation/divisional with Box 17 completed) Status still proper and desired Statement(s) (PTO/SB/09-12) [Note Box 5 below] Certified Copy of Priority Document(s) **DELETION OF INVENTOR(S)** 15. Signed statement attached deleting (if foreign priority is claimed) inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). Incorporation By Reference (useable if Box 4b is checked) Priority Claim of U.S. Provisional Application Other: No. 60/196,698 filed April 13, 2000. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. \*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY \$TATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Divisional Continuation-in-part (CIP) of prior application No: Continuation Group/Art Unit: Prior application information: Examiner CORRESPONDENCE ADDRESS 18. (Insert Customer No. or Attach bar code label here) Correspondence address below Customer Number or Bar Code Label Gregg C. Benson Name Address Pfizer Inc. Patent Department, MS 4159, Eastern Point Road Address Zip Code

United States Of America Country 36,647 Registration No. (Attorney/Agent) NAME (Print/type) Signature

1-(860)-441-4901

State

Telephone

1-(860)-441-5221

Fax

PTO/SB/17(2/98)
Approved for use through 09/30/2000.
OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

					T T- b		
FEE TRANSMITTAL	Application Number				To be assigned		
	Filing Date				Concurrently herewith		
Patent fees are subject to annual revision on October 1. These are the fees effective October 1,. 2000.	First Named Inventor				Anthony A. Fossa		
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner Name				To be assigned		
See 37 C.F.R. §§ 1.27 and 1.28.	Group/Art Unit				To be assigned		
Total Amount of Payment (\$)1,140.00	Attorney Docket No.				PC10148AGPR		
METHOD OF PAYMENT (check one)				FEE CA	ALCULATION (continued)		
The commissioner is hereby authorized to charge	3. ADDITIONAL FEES					)	
indicated fees and credit any over payments to:		Large Entity Small Er		Entity			
Deposit Account Number		Fee (\$)	Fee Code	Fee (\$)	Fee Description	on Fee Paid	
Deposit Account Name  Pfizer Inc.	105	130	205	65	Surcharge – late fee or	oath	
Charge Any Additional Charge the Issue Fee Set in	127	50	227	25	Surcharge-late provisio cover sheet	onal filing fee or	
37 Fee Required Under 37 C F R. § 1.1 8 at the Mailing C.F.R. §§ 1.1.6 and 1 17. of the Notice of Allowance.	139	130	139	130	Non-English specification	on	
of the Hotioc of Allowards.	147	2,520	147	2,520	For filing a request for r	reexamination	
2. Payment Enclosed:	112	920*	112	920*	Requesting publication	L	
Check Money Order Other	113	1,840*	113	1,840*	Examiner action Requesting publication		
FEE CALCULATION	115	110	215	55	Examiner action  Extension for reply with	in first month	
1. BASIC FILING FEE	116	390	216	195	Extension for reply within month	1 1	
Laws Falls A HE W	117	890	217	445	Extension for reply withi	in third month	
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	118	1,390	218	695	Extension for reply within	L	
101 710 201 355 Utility filing fee 710 00	128	1,890	228	945	Extension for reply within	in fifth month	
106 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal		
107 490 207 245 Plant filing fee	120	310	220	155	Filing a brief in support of	of an appeal	
108 710 208 355 Reissue filing fee	121	270	221	135	Request for oral hearing	9	
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institute a put proceeding	blic use	
SUBTOTAL (1) (\$) 710 00		110	240	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES	141	1,240	241	620	Petition to revive - unintentional		
Extra Fee from Claims below Fee Paid	142	1,240	242	620	Utility issue fee (or reiss	sue)	
Total Claims 35 -20**= 15 X 18 = 270.00	143	440	243	220	Design issue fee		
Independent Claims         5         - 3**=         2         X         80         =         160.00	144	600	244	300	Plant issue fee		
Multiple Dependent 0 = 0	122	130	122	130	Petitions to the Commiss	sioner	
** or number previously paid, if greater; For Reissues, see below  Large Entity Small Entity		50	123	50	Petitions related to provisional applications		
Fee Fee Fee Fee Description Code (\$) Code (\$)	126	240	126	240	Submission of Information Statement	on Disclosure	
103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each patent a		
102 80 202 40 Independent claims in excess of 3	146	710	246	355	property (times number e Filing a submission after	of properties)	
104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	(37 CFR 1.129(a)) For each additional invention to be		
109 80 209 40 **Reissue independent claims over	Other Fee	(specify)			examined (37 CFR 1.12	9(0))	
original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent		ner Fee (specify)					
SUBTOTAL (2) (\$) 430.00	*Reduced	by Basic	Filing Fe	e Paid	SUBTOTAL (	3) (\$) 0	
SUBMITTED BY				Complete (if Applicab	le)		
Type or Printed Name		Reg. Number 36,647					
Signature	Date	,,	112/		Deposit Account	16-1445	
My llynn		<u> </u>	/13/0	1	User ID	L	